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CONFIRMATION NO. 3957

<b>SERIAL NUMBER</b> 09/199,669	<b>FILING OR 371(c) DATE</b> 11/25/1998 <b>RULE</b>	<b>CLASS</b> 381	<b>GROUP ART UNIT</b> 2643	<b>ATTORNEY DOCKET NO.</b> ISM/005	
<b>APPLICANTS</b> ADNAN SHENNIB, FREMONT, CA; RICHARD URSO, REDWOOD CITY, CA; DIEP H. NGO, SAN JOSE, CA;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/14/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 140	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> DONALD R. GREENE P.O. BOX 12995 SCOTTSDALE, AZ 85267-2995					
<b>TITLE</b> SEMI-PERMANENT CANAL HEARING DEVICE					
<b>FILING FEE RECEIVED</b> 1538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/199,669	11/25/98	381	2743	ISM/005

APPLICANT

ADNAN SHENNIB, FREMONT, CA; RICHARD URSO, REDWOOD CITY, CA; DIEP H. NGO, SAN JOSE, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

None/INT

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

None/INT

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

None/INT

FOREIGN FILING LICENSE GRANTED 12/14/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 140	INDEPENDENT CLAIMS 5
Verified and Acknowledged <u>Exam</u> Examiner's Initials <u>INT</u> Initials					

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TITLE

SEMI-PERMANENT CANAL HEARING DEVICE

FILING FEE RECEIVED  \$1,538	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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